

RESIDENTIAL CERTIFICATE ANNOUNCED INSPECTION

Date: _____

Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Notes: _____

√	LEVEL	R430-50	KEY WORDS	NOTES
	1	430-15(1)(e)	allow access to facility to ascertain rule compliance	
INDOOR AREA - OBSERVATION				
	1,2,3	430-4-5(6)	maximum capacity	
	1,2,3	6(1)	ratios	
	1	6(2)	supervision	
	1	6(2)(a)	awareness of activities close enough to intervene	
	1	10(7)	dangerous items: <input type="checkbox"/> insecticides <input type="checkbox"/> pesticides <input type="checkbox"/> flammable liquids (gasoline, kerosene, paint thinner, motor oil, turpentine) <input type="checkbox"/> bleach <input type="checkbox"/> household cleaners <input type="checkbox"/> nail polish remover <input type="checkbox"/> rubbing alcohol <input type="checkbox"/> sharp objects <input type="checkbox"/> broken toys <input type="checkbox"/> empty plastic bags	
	1	10(11)	firearms or other weapons	
	2	10(2)	two exits basement - 1 exit to ground level	
	2	10(6)	equipment and furniture maintain spaces, toys, equipment	
	2,3	10(10)	adequate housekeeping	
	2	10(2)	fire extinguishers smoke detectors	
	2	10(8)	electrical outlets	
	3	R430-4-8(2)	post certificate	

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	3	430-4-5(7)	no foster care license	
	3	430-4-7	certificate reflects changes	
<i>INDOOR AREA - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	1	6(2)(b)	How often do you check sleeping children?	
<i>DIAPERING AREA - OBSERVATION</i>				
	1	10(4)	separate from food areas	
	2,3	10(4)	surface smooth and non-absorbent	
	2,3	10(4)	sanitary diaper container	
<i>HOT WATER - OBSERVATION</i>				
	1,2	10(9)	hot water not over 120 degrees	
<i>KITCHEN - OBSERVATION</i>				
	1	10(1)(b)	operating telephone	
	1,2,3	12(2)	food prep area clean and sanitary	
	2	10(1)(c)	emergency phone numbers posted	
	3	10(1)(a)	first aid kit	
<i>MEDICATIONS - OBSERVATION</i>				
	1,2	9(2)(c)	inaccessible to children	
	1,2	9(2)(c)	refrigerated medications in spill-proof packaging	
	1	9(2)	original or pharmacy container	
	1	9(2)	original label with child's name	
	1	9(2)	written instructions for administration	
	2	9(2)	child proof caps	
	2	9(2)(a)	written permission	
	3	9(2)(d)	unused and out-of-date medication	

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<i>MEDICATIONS - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	1	9(2)(b)	What would you do if a child had an adverse reaction to a medication or if you made an error in the administration of a medication?	
<i>ANIMALS - OBSERVATION</i>				
	1	10(12)(c)	not dangerous or aggressive	
	1,3	10(12)(a)	clean and in good health	
<i>ANIMALS - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	2	10(12)(f)	Do children handle reptiles?	
	3	10(12)(d)	Who is responsible for the cleaning of animals, cages, pens or equipment?	
	3	10(12)(e)	Where are cages and equipment cleaned?	
<i>VEHICLE - OBSERVATION</i>				
	1	11(4)	individual, size appropriate safety restraints	
	3	11(1)	vehicle licensed, registered, and inspected	
<i>VEHICLE - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	3	11	Who may transport children in care?	
<i>OUTSIDE AREA - OBSERVATION</i>				
	1	10(3)	gaps no more than 3 ½ in.	
	1,2	10(3)	fences four feet high	

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	1	10(3)	<p>safety hazards:</p> <p>___ raised decks or balconies without railings</p> <p>___ open basement stairwells with no railing</p> <p>___ insecticides</p> <p>___ pesticides</p> <p>___ lawn products</p> <p>___ flammable liquids (gasoline, kerosene, paint thinner, motor oil, turpentine)</p> <p>___ bleach</p> <p>___ household cleaners</p> <p>___ nail polish remover</p> <p>___ rubbing alcohol</p> <p>___ sharp objects - sharp tools, machine or farm equipment with exposed sharp edge or blade or point that could puncture skin, boards with exposed nail ends, broken glass, barbed wire, broken toys with sharp or pointed edges</p> <p>___ window wells, fire pits or other holes more than 24" deep without a cover</p> <p>___ refrigerators or freezers that children can get inside of</p> <p>___ welding torches</p> <p>___ empty plastic bags large enough for a child's head to fit inside</p> <p>___ motor vehicles up on blocks</p> <p>___ wood with splinters</p> <p>___ animal waste - not isolated bird droppings</p> <p>___ exposed live electrical wire</p> <p>___ indoor (thin) electrical extension cords not in use</p> <p>___ rope, wire, or other strangulation hazards long enough to encircle a child's neck</p> <p>___ hanging ropes or cords not attached to a swing</p> <p>___ unstably stacked wood piles</p> <p>___ unstable unanchored heavy equipment</p> <p>___ rotting garbage not in a container with a lid</p> <p>___ poison ivy or oak, stinging nettle, oleander, mushrooms, toadstools</p> <p>___ beehives, yellow jacket or hornet nests, red ant hills</p> <p>___ dead animals</p> <p>___ filled milk or slop buckets</p> <p>___ unattended running vehicles or from equipment</p> <p>___ standing ladders</p> <p>___ playground equipment that is broken or has loose or missing parts</p> <p>___ unstably stacked bales of hay or straw</p>	

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<i>CARE GIVER RECORDS</i>							
Household members over 12:				S1	S2	S3	S4
	1	430-6-5(3)	cleared BCIs				
	3	8(3)	documentation of cleared BCIs				
	3	5(3)	five hours training for subs				
	3	11(2)	Utah driver's license				
	3	11(3)	car insurance				
<i>CARE GIVER REQUIREMENTS AND TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED IF FURTHER CLARIFICATION IS NEEDED</i>							
	1	430-6-5(3)	Have you submitted BCIs for everyone 12 and older in the home? Has anyone moved into your home or turned 12 since your last inspection. If so, have you submitted a BCI?				
	2	5(3)	Have all caregivers completed the 5 hours of required training?				
	3	11(2)	Does any one who transports children have a Utah driver's license?				
	3	11(3)	Does any vehicle used to transport children have proper insurance?				

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CHILDREN'S RECORDS											
Provider's Children				C1	C2	C3	C4	C5	C6	C7	C8
Child's Date of birth:											
	2	8(1)	admission agreement:								
	2	8(1)(a)	child's name and nickname								
	2	8(1)(b)	parent name, address, phone number								
	2	8(1)(c)	name, address, phone number at least one emergency person								
	2	8(1)(d)	name, address, phone number health and dental care								
	2	8(1)(e)	food sensitivities, allergies, special needs								
	2	8(1)(f)	immunizations								
	2	8(2)	pick-up people								
	3	9(3)	record of immunizations								
	3	9(2)(a)	medication permission								
OTHER RECORDS											
	1	430-6(5)(1)	renewal BCI clearances								
	1	10(12)(b)	rabies vaccination								
	3	430-4-19(5)	copies of approved variances								

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POTENTIAL QUESTIONS THAT MAY BE ASKED				
	1	430-6-4(1)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did you obtain a written and signed statement attesting that person has not been convicted or a felony or misdemeanor or have s supported finding with DHS?	
	1	430-6-4(2)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did that person count in ratios?	
	1	430-6-4(3)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, how did you ensure that person had minimum contact with the children?	
	1	430-6-6(7)	Have you or any covered individuals been arrested, charged or convicted or a crime?	
	1	7(3)	What forms of discipline cannot be used?	
	1	7(3)(a)	corporal punishment	
	1	7(3)(b)	restraining by binding or tying	
	1	7(3)(c)	abusive, demeaning or profane language	
	1	7(3)(d)	withdrawal of food or bathroom	
	1	7(3)(e)	confining a child in a locked room	
	1	7(3)(f)	forcing or withdrawing food, rest, or bathroom	
	1,2,3	10(5)	When and how do you wash your hands and the children's hands?	
	1,2,3	10(1)	What is your plan in the event of a fire, flood, earthquake, blizzard, power failure or other disasters that could cause structural damage?	

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	1,2,3	10(1)	What is your plan in the event of a missing child, death or serious injury to a child? Who is your substitute caregiver if you must leave the home for some reason?	
	2	6(3)	Are children allowed to go to a neighbor's home or other off-site activities? If yes, how do you obtain parental permission and how do you ensure the child's whereabouts and supervision?	
	2	9(5)	How do you monitor the use and accessibility of illegal substances and sexually explicit materials?	
	2	6(4)	What are your minimum substitute qualification?	
	2,3	12(1)	How often do you serve meals or snacks? How often do you feed infants?	
	2	5(1)(a)	Are you at least 18 years old?	
	2	5(1)(c)	Do you have a HS diploma or GED? or have you been on the Food Program since 1998?	
	3	9(1)(b)	How would you notify Licensing if you needed emergency medical treatment providers? if there was a fatality? if there was a hospitalization?	
	3	9(4)	How and when do you notify parents of a communicable illness?	
	3	7(1)	Do you have rules of conduct for care givers, parents and children?	
	3	9(1)	How do you notify parents of injuries and incidents that occur while a child is in care?	
	3	9(1)(a)	How do you notify parents when a child receives an injury that requires medical treatment?	